FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Workington D.C. 20540

Washington, D.C. 20549

OMB APPROVAL



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION DE SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

LES OCT	\mathcal{Z}	7	2005	\ _
IES D,	20	a		

Name of Offering (Check if this is an amendment and name has changed, and indicate change.)
Gaia Power Technologies, Inc., a Delaware corporation Series A-1 Preferred Stock	,
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 50	06 Section 4(6) ULOE
Type of filing: New Filing Amendment	Section 4(0)
A. BASIC IDENTIFICATION I	DATA
Enter the information requested about the issuer	
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)	
Gaia Power Technologies, Inc., a Delaware corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
116 John Street, Suite 820, New York, NY 10038	(212) 732 5507
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
	PROGRAM
The corporation has been formed with the intent to develop and manufacture power supplies	other (please specify):
Type of Business Organization	- UITON OF SOUR
☐ corporation ☐ limited partnership, already formed	other (please specify):
business trust limited partnership, to be formed	The supplemental s
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: US. Postal Service abbreviation for Organization:	2 Actual Estimated Sequence of the sequence of
CN for Canada; FN for other foreign jurisdiction)	D E
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Re 77d(6).	gulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When to File: A Notice must be filed no later than 15 days after the first sale of securities in the o Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address giv due, on the date it was mailed by United States registered or certified mail to that address.	
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.	O.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be photocopies of the manually signed copy or bear typed or printed signatures.	manually signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need on the information requested in Part C, and any material changes from the information previously support of the information requested.	

Filing Fee: There is no federal filing fee.

State:

with the SEC.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (2-99)

		A. BASIC IDENTI	FICATION DATA								
2. Enter the information rec	quested for the following	ng:									
 Each beneficial ow Each executive offi 											
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)				5						
Bige Doruk											
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
116 John Street, Suite 820, N			F7	573 a.							
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Ib Olsen											
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
116 John Street, Suite 820, N		M.B. C. LO		M 5:							
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Gregory Olsen											
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
51 Cherrybrook Dr, Princete		M p. 6:10									
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
NJTC Venture Fund SBIC,											
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
1001 Briggs Road, Suite 280, Check Box(es) that Apply:	, Mount Laurel, NJ 08	8054 Beneficial Owner	☐ Executive Officer	☐ Director	General and/or						
		Beneficial Owner	Executive Officer	□ Director	Managing Partner						
Full Name (Last name first, if	individual)										
			Small Business Technology Inv	estment Fund							
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
30 South Pearl Street, Alban Check Box(es) that Apply:	ny, New York 12207 Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or						
		Beneficial Owner	Executive Officer		Managing Partner						
Full Name (Last name first, if	individual)										
B : 1	21 1 12	C: 0: 7: 0 1)			······································						
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or						
		Belieficial Owner			Managing Partner						
Full Name (Last name first, if	individual)										
<u></u>		G: G: G: D:									
Business or Residence Addres	s (Number and Street,	City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						
Full Name (Last name first, if	individual)										
Business or Residence Addres	is (Number and Street.	City, State, Zip Code)									
ţ 	•	· ,									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary).

		* .: *		B. 13	NFORMATI	ON ABOUT	OFFERING	3				
·											Yes	No
1. Has the is	ssuer sold, or	does the issue	er intend to se	ll, to non-acc	redited invest	tors in this of	fering?	•••••		***************************************		\boxtimes
				Answer also	in Appendix	, Column 2,	if filing under	ULOE.				
2. What is the	he min'imum i	nvestment the	at will be acc	epted from an	y individual?			••••••	***********	***************************************		0,000.00
											Yes	No
												\boxtimes
4. Enter the	e information	requested to itation of nure	r each persor	n who has be nection with s	en or will be ales of securi	paid or give ties in the off	en, directly of ering. If a per	r indirectly, a son to be liste	iny commissi id is an associ	on or similar ated person or		
agent of	a broker or de	aler registered	i with the SEC	and/or with	a state or state	s, list the nan	ne of the brok	er or dealer. I	f more than fi	ve (5) persons		
	ed are associa			er or dealer, y	ou may set fo	orth the infor	mation for th	at broker or d	ealer only.			
,	Last name firs	st, if individua	al)									
None												
Business or I	Residence Ado	dress (Numb	er and Street,	City, State, Z	(ip Code)							
Name of Ass	ociated Broke	er or Dealer										
Ctatas in Wh	ich Person Lis	atad Uan Calie	sitad an Intan	da ta Caliait D	luma la grana							
	Check "All Sta										☐ A11 S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[N]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I			1)									
Business or R	tesidence Add	iress (Numbe	er and Street,	City, State, Z	ip Code)							
Name of Asso	ociated Broke	r or Dealer										
States in Whi	ah Danaan Lia	tod Han Calia	itad an Intand	a to Calinit D								
	theck "All Sta										☐ All 5	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[<i>DL</i>]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (I	<u> </u>											
·												
Business or R	lesidence Add	iress (Numbe	er and Street,	City, State, Z	ip Code)							
Name of Ass	ociated Broke	r or Dealer										
States in Whi												. .
	heck "All Sta			,			(DE)	IDO:		FC + 3	All:	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] (OR]	[MO] [PA]
(MI)	[NE]	[ED]	ניייון רייאוז	[TV]	(LIT)	[MT]	[NA]	[MA]	ruzza	(OK)	(VVV)	נסטז ניתן

[TN] [TX] [UT] [VT] [VA] [WA] [WV] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USI	OF	PROCEEDS		1
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	500,000.00	\$	500,000.00
	Equity	\$	0	\$	0
	☐ Common ☐ Preferred	_		•	
	Convertible Securities (including warrants)	\$	250,000.00	\$	250,000.00
	Partnership Interests	_	0	\$	0
	Other (Specify)	_	0	\$. \$	0
	Total	_	750,000.00	\$. \$	750,000.00
		Φ	730,000.00	٠.	750,000.00
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
	,		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	_	1	\$	750,000.00
	Non-accredited Investors.		0	\$	0
	Total (for filings under Rule 504 only)			\$	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		TT 6		
	Type of offering		Type of Security		Dollar Amount Sold
	Rule 505			\$	
	Regulation A	-		\$	
	Rule 504	_		\$	
	Total	-			
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-		. Ψ	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		🛛	\$	20,000.00
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify) relating to the preparation and delivery of offering documents		🛛	\$	0
	Total		🛛	\$	20,000.00

b. Enter the difference between the aggregate price given in response to Pan C - Question 1 and total expenses furnished in response to Pan C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."								730,000.00
purposes shown. If the amount for any p	isted gross proceeds to the issuer used or proposed to be urpose is not known, furnish an estimate and check the must be equal the adjusted gross proceeds to the issuer so	box to	the let	t of th	c			
				Ö Dir	mients to Meers, ectors, & Miliates			Payments To Others
Salaries and fees			s _	~			\$	
Purchase of real estate	MINION TO THE		\$_				s _	
Purchase, rental or leasing and installation	on of machinery and equipment		s _				s _	
	s and facilities		S				\$_	
	ng the value of securities involved in this offering that or securities of another issuer pursuant to a merger)		\$			Ü	\$	
Repayment of indebtedness			\$				s -	, y
• •			\$			- ⊠	\$	730,000.00
Other (specify):			s -				s -	
Column Totals	плиний принципальный принципал		s _			_ _ 🖾	\$	730,000.00
Total Payments Listed (column totals ad	ded)				\$	730,	0,000,0	0
(N)	D. FEDERAL SIGNATURE							
the issuer has duly caused this notice to be signatured the substantial that the U.S necredited investor pursuant to paragraph (b)(med by the undersigned duly authorized person. If this n Securities and Exchange Commission, upon written red 2) of Rule 502.	otice is juest of	filed i	inder I If, the	tule 505, the information f	lollowi umisho	ng sig ed by t	nature constitutes as he issuer to any non
ssuer (Print or Type)	Signature / Oan		ו ין	Date	1.10			
Gala Power Technologies, Inc.	AV				10/2:	5 /	2	008
Name of Signer (Print or Type)	Title of Signer (Print or Type)		!					
Bige Doruk	President							

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGN	ATURE		
				Yes	No
1.	Is any party described in 17 CFR 230.2	262 presently subject to any of the disqualific	cation provisions of such rule?		\boxtimes
		See Appendix, Column	5, for state response.		
2.	The undersigned issuer hereby undertal times as required by state law.	kes to furnish to any state administrator of an	y state in which this notice is filed, a notice on Form D (17 C	CFR 239.50	00) at such
3.	The undersigned issuer hereby underta	kes to furnish to the state administrators, upo	on written request, information furnished by the issuer to o	fferees.	
4.			nust be satisfied to be entitled to the Uniform Limited Offerin availability of this exemption has the burden of establishing	• .	` '
The pers		ws the contents to be true and has duly cause	ed this notice to be signed on this its behalf by the undersign	gned duly a	authorized
Issu	er (Print or Type)	Signature	Date		
Gai	a Power Technologies, Inc.				
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)			
Big	e Doruk	President			

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

					APPENDIX	······································				
ī	Intend to non-acconvestors	o sell to eredited in State	Type of security and aggregate offering price offered in state	Type of investor and amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
	(Part B -	- Item I)	(Part C - Item 1)		`			(Part E	- Item 1)	
	 .,			Number of Accredited		Number of Non-Accredited				
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
AK										
AZ										
AR										
CA								ļ		
CO										
CT										
DE										
DC							·			
FL										
GA			1	:						
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LA										
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MD										
MA							·		-	
MI										
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				4.5	APPENDIX				
1	Intend to non-acc	o sell to credited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)	Number	Disqualifi State UL attach exp waiver	5 cation under OE (if yes, blanation of granted) I tem 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МТ									
NE									
NV									
NH]								
NJ									
NM									
NY		·	Debt and Warrant \$750,000.00	1	\$750,000.00	0	0		·
NC									
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX					<u> </u>				
UT									
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